EMPLOYER TERMINATION OF REGISTRATION REPORT

RI Reg No

Person having custody of Books and Records

1. EMPLOYER NAME

2. BUSINESS ADDRESS

3. CITY, STATE, ZIP CODE

4. I NAME

5. ADDRESS

6. CITY, STATE, ZIP CODE

3. (a) Reason for Termination of Registration:

Sale
Lease
Foreclosure

Liquidation
Death of Owner
Receivership

Reorganization
Bankruptcy
Merger

Other (Explain)

(b) What percentage of the business was transferred? (If Applicable )

(c) Date of Action in 3(a) above

(d) Date of Last Payroll

(e) Give the following information concerning Owners, Partners, Corporate Officers, etc.:

<table>
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<tr>
<th>NAME</th>
<th>HOME ADDRESS &amp; ZIP CODE</th>
<th>TITLE</th>
<th>TEL. NO.</th>
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4. (a) Name of new business (If any):

(b) Name, address and ZIP code of New Owners, (If any):

________________________________________________________________________

Tel. No. __________________________

5. (a) Are you continuing any other business in Rhode Island ?

   YES ☐    NO ☐

   If Yes,

   (b) Name, address and zip code of Continuing Business:

________________________________________________________________________

________________________________________________________________________

DATE __________________________ SIGNATURE __________________________ TITLE __________________________

THIS FORM MUST BE SIGNED